UNITED STATES HOUSE OF REPRESENTATIVES FORM B	IIAI 11 2010 Page 1 of //
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees LEGISL	EGISLATIVE RESOURCE CENTER
Name: Cynthia Cynne AxhaDaytime Telephone	MAY 16 PM 1:41
New Member of or Candidate for State: 10 Apg. U.S. House of Representatives District: 3 Chack if Candidates – Date of Election: 10 pt. 5, 2018	U.S. HOUSE OF REPIXESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes Ves No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of asset during the reporting period?	able positions during the reporting endar year up through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a liability (more than \$10,000) at any point during the reporting period?	s \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded Yes No N
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three lests for Yes No No

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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da de la constanta de la const	×	X	**	ateriore September	Royathes	*	NONE DIVIDENDS REHT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership (ncome or Farm Income)			· · · · ·	Check all columns that apply. For account that generals bax-deformed recome (such at 401(k), IRA, or 529 accounts), you may check the "Tax-Deformed" column. Oxidands interest, and capital gains, even if reinvested, must be disclosed as income for acetals left interest.	Type of Income	BLOCK C
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Name: CYMPhia Cyme Am Page 3 of.

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Cynthia Cynne Ane Page Tot 11

\$200 or more duri	nd filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	st the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more duri	
\$200 or more during the reporting period. For both the file amples below.	11,000. See examples below.	nment) totaling \$200 or more during the reporting period. For both the filer	•

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	income may apply to you after you lincome may apply to you after you link limit is \$28,050. In addition, cert nior staff.	u are on House payroll. The 201: sin types of income (notably honoral	limit on outside earned income for ia, director's fees, and payments for
	•	Am	Amount
Source (include date of receipt for honoraria)	lype	Current Year to Filing	Preceding Year
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Examples: Cyrl War Roundiane (Cct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	£6 N/A	\$1,000 N/A
Creation Agents	Sporse Salary	16.766.00	30,844,00

SCHEDULE D - LIABILITIES

Name: Cyffling Uma-Har Page Sof II
ing period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

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				8.48		
			Example			
			First Bank of Wilmington, DE	Creditor		
***************************************			5/98	Date Liability Incurred MO/YR		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, lobbor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as positional parties and campaign organizations); and positions solely of an honorary nature. New Members and second-user report positions held in the reporting portion and the current calendar user. First year candidates and new emphoyees report positions held in the current calendar user and two previous years.

period and the current calendar year. First-year candidates	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
Secretary (uncompensated)	Secretary (uncompensated) Iona Voters for Companion Unimals
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SCHEDULE F - AGREEMENTS

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Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment: a l continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
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		tox actived to represent yous.	Some of the line items (15) are listed as diviolends +	from the received minimal distributions/dividues-(+156.10)	section in my tax information statement. You can see	Therefore I'm enclosive a copy of our dividends report	then are effer stack that refeires dividends because	of Ciral o	listed are invested in the tou	Raymord James, Three of the acc	NOTES